

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number 13734	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name Rosnie h Thorp P.O. Box, Bldg., Room No., if any Street 15493 Lola St. City Brighton State Colorado ZIP Code + 4 80602	4. Name, file number, and address of labor organization. Name U.A. Pipefitters LU #208 Labor Organization File Number 042-108 P.O. Box, Building and Room Number, if any Street 6350 N Broadway City Denver State Colorado ZIP Code + 4 80216
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Bauer, Buescher, Goldhamer, Kelso & Dole Trade Name, if any: n/a P.O. Box, Bldg., Room No., if any Street 1563 Gaylord St. City Denver State Colorado ZIP Code + 4 80206	7.a. Nature of Interest, Transaction, or Income. Drinks 7.b. Amount. 10.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Rosnie Thorp

On

8-9-05

Date

303-655-1365

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

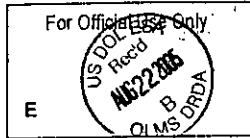
13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13734</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Rossie L Thorp</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>63 15493 Ida St</u> City <u>Brighton</u> State <u>Colorado</u> ZIP Code + 4 <u>80602</u>	4. Name, file number, and address of labor organization. Name <u>UA P. 928 Iters LU #208</u> Labor Organization File Number <u>042-108</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>6350 N Broadway</u> City <u>Denver</u> State <u>Colorado</u> ZIP Code + 4 <u>80216</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7. a. Nature of Interest, Transaction, or Income. <u></u> 7. b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Rossie L Thorp</u>	On <u>8-9-05</u> Date	<u>303-655-1365</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Pipe Industry Health & Welfare of Cdo.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street SAMECity State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pipe Industry Health & Welfare of Cdo.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2821 South Parker Rd Ste 1005City AuroraState CO ZIP Code + 4 80014

11.a. Nature of such dealing.

Lunches for Trustee meetings.

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

Month	Amount	Description
Jan 04	35.00	Breakfast + Lunch
March 04	36.00	" "
May 04	32.00	" "
July 04	40.00	" "
Sept 04	35.00	" "
Nov 04	38.00	" "

12.b. Amount.

216.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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1. File Number U - <u>13734</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Ronnie</u> <u>H</u> <u>Thorp</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>15493</u> <u>Iola St</u> City <u>Brighton</u> State <u>Colorado</u> ZIP Code + 4 <u>80602</u>	4. Name, file number, and address of labor organization. Name <u>UA Pipefitters</u> <u>LU # 208</u> Labor Organization File Number <u>042-108</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>6350</u> <u>N. Broadway</u> City <u>Denver</u> State <u>Colorado</u> ZIP Code + 4 <u>80216</u>
5. Position in labor organization. <u></u>	

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 95%;" type="text"/></p> <p>City <input style="width: 95%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 30%;" type="text"/></p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div> <p>7.b. Amount.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin-top: 20px; margin-left: auto;"></div>

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 8-9-07 Date 303-655-1365 Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>UA Paperitter 208 J.A.T.C.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>6350 N Broadway</u></p> <p>City <u>Denver</u></p> <p>State <u>Colorado</u> ZIP Code + 4 <u>80216</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Joint Apprenticeship Training Committee</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>6350 N Broadway</u></p> <p>City <u>Denver</u></p> <p>State <u>Colorado</u> ZIP Code + 4 <u>80216</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Christmas lunch con</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>3000</u></p> <p>12.b. Amount. <u>3000</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>